

# HOMELESS NEEDS ASSESSMENT SURVEY

Agency: \_\_\_\_\_ Head of Agency: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Person Completing the Survey: \_\_\_\_\_ Signature: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

The purpose of this survey is to obtain an accurate inventory of available shelter beds, supportive services, funding sources and funding amounts provided to the homeless population in San Bernardino County. Please complete the form and send it back to CAPSBC on or before **November 5, 2007**.

The survey form is also available for download at [www.sbcounty.gov/capsbc/Homeless\\_Coalition](http://www.sbcounty.gov/capsbc/Homeless_Coalition)

E-mail: [nnorman@capsbc.sbcounty.gov](mailto:nnorman@capsbc.sbcounty.gov)

Fax: (909) 723-1509

## I. TYPE OF ORGANIZATION

- ☐ Faith Based Organization ☐ County Departments ☐ Public Agencies (Please Specify) \_\_\_\_\_  
☐ Non-Profit Organization ☐ School District \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## II. SHELTER INFORMATION

### A. Facility Name: \_\_\_\_\_

- ☐ Emergency Shelter ☐ Check here if Domestic Violence Agency

Target Population	Family Units	Family Beds	Individual Beds	Seasonal Beds	Overflow & Voucher
<i>Ex: Single female (SF)</i>	6	24	0		
<b>Total:</b>	0	0	0	0	0

#### Funding Sources

*Ex: HUD\**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Funding Amounts

*\$217,534*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Funding Types

*SHP\*\**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*HUD: Department of Housing and Urban Development

\*\*SHP: Supportive Housing Program

### B. Facility Name: \_\_\_\_\_

- ☐ Transitional Housing ☐ Check here if Domestic Violence Agency

Target Population	Family Units	Family Beds	Individual Beds
<i>Ex: Single female (SF)</i>	6	24	0
<b>Total:</b>	0	0	0

#### Funding Sources

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Funding Amounts

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Funding Types

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. Facility Name:**☐ Permanent Housing☐ Check here if Domestic Violence Agency

Target Population	Family Units	Family Beds	Individual Beds
<i>Ex: Single female (SF)</i>	6	24	0
<b>Total:</b>	<b>0</b>	<b>0</b>	<b>0</b>

Funding Sources

Funding Amounts

Funding Types


**III. SUPPORTIVE SERVICES**

Services	Target Population
<input type="checkbox"/> Case management	
<input type="checkbox"/> Job Training	
<input type="checkbox"/> Job Search	
<input type="checkbox"/> Emergency Food	
<input type="checkbox"/> Case management	
<input type="checkbox"/> Counseling	
<input type="checkbox"/> Life Skills Trainings	
<input type="checkbox"/> Medical Services	
<input type="checkbox"/> Legal Services	
<input type="checkbox"/> Housing search	
<input type="checkbox"/> Transportation	
<input type="checkbox"/> Others (Please Specify)	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Funding Sources

Funding Amounts

Funding Type


Target Population	Special Needs Population	Bed Descriptions
M - Male	VET - Veteran	Individual Beds - Number of beds that are serving individuals.
F - Female	HIV - Shelter for HIV clients	Family Units - Number of units that the project set aside for serving families
FC - Female with Children	DV - Domestic Violence	Family Beds-Number of beds that are contained in family units.
SF - Single Female	CSA - Chronically Substance Abuser	Seasonal Beds - Number of beds made available to individuals and families on seasonal basis
SM - Single Male	SMI - Severely Mentally Ill	Overflow & Voucher - The number of beds, mats or spaces or vouchers that are made on a very temporary basis
SFM- Single Female and Male	CHP - Chronic Homeless Person	
YMF - Youth Male and Female		